

Montana Central Tumor Registry Newsletter



MONTANA DEPARTMENT OF PUBLIC HEALTH AND HUMAN SERVICES

Question: Could you abstract a case only using your text?

That's what CDC auditors are going to do with MCTR data. The MCTR is scheduled to undergo an audit of female breast, colon, rectum, rectosigmoid junction, lung, prostate, and corpus uteri cases diagnosed in 2009 in May 2012. CDC auditors are doing a blind abstracting study using only hospital-submitted text. Twenty-three (23) data fields will be reviewed and coded.

The purpose of this audit is to evaluate the MCTR's data quality, accuracy and completeness of coding for the 7 primary sites listed above. This is done by reviewing the MCTR's policies and procedures, case consolidation procedures, and text from hospitals. Case consolidation is the process of coding the "best" information when multiple facilities report on one case.

The MCTR can't stress enough that text is critical to your abstracts.

This is why we keep bugging you about submitting complete text. Text fields must be able to support all coded fields. Text fields must include:

Dates, Places, Procedures, and Results

Text fields must support codes and dates assigned to:

- Date of Diagnosis
- Primary Site and Laterality
- Histology, Behavior, and Grade
- Sequence
- Collaborative Stage Fields (Extension, Lymph Nodes, Mets, SSF's)
- Treatment (dates, places, specific types) or reasons for no treatment (why normally recommended treatments were not done).

See page 4 for an example of great text.

Cancer Surveillance & Epidemiology Program Staff

Laura Biazzo, MPH
Program Manager
(406) 444-0064
lbiazzo@mt.gov

Debbi Lemons, RHIA, CTR
Coordinator, Montana
Central Tumor Registry
(406) 444-6786
dlemons@mt.gov

Diane Dean, MS, CTR
Data Control Specialist
(406) 444-6710
ddean@mt.gov

Paige Johnson, BS, CTR
Data Control Specialist
(406) 444-6709
paigejohnson@mt.gov

Valerie Weedman
Logistics Coordinator
(406) 444-5442
vweedman@mt.gov

FAX: (406) 444-6557

www.cancer.mt.gov

Meet the Registrar



Jen Hamblock, Livingston Memorial Hospital

Hi, my name is Jen Hamblock, and I am the tumor registrar at Livingston Memorial Hospital (LMH). I have a degree in dietetics from Montana State University, and I was hired at LMH as a part-time file clerk six years ago. Not long after I started, my manager asked if I would be interested in doing the tumor registry and I have been doing the registry ever since. I really enjoy doing the tumor registry because it is interesting and challenging. I am very thankful to Diane and Debbi at the State who have been extremely helpful in answering all my questions since I started doing the registry. I have learned and continue to learn a lot from them.

In addition to doing tumor registry work, I have also learned hospital coding, and so I spend my time at work doing both the tumor registry and facility coding. I am currently taking prerequisite classes that will allow me to enroll in Cancer Registry Management classes through AHIMA in the future.

When I am not at work or studying, I like to work out; I particularly enjoy running and lifting weights. I also like to read and spend time with my boyfriend.

Grade of Tumor Rules for Hematopoietics and Lymphoids

Source: Hematopoietic Database—Hemato Manual pages 73-75 (effective 1/1/10 and after)

Code Grade=9 for the following histologies (Rule G1):

9740/3, 9741/3, 9742/3, 9751/3, 9755/3, 9757/3, 9758/3, 9759/3, 9801/3, 9805/3, 9806/3, 9807/3, 9808/3, 9809/3, 9875/3, 9876/3, 9945/3, 9946/3, 9950/3, 9961/3, 9962/3, 9963/3, 9964/3, 9975/3, 9980/3, 9982/3, 9983/3, 9985/3, 9986/3, 9989/3, 9991/3, 9992/3

Code grade=5 for the following histologies (Rule G4):

9701/3, 9702/3, 9705/3, 9708/3, 9709/3, 9714/3, 9716/3, 9717/3, 9718/3, 9724/3, 9725/3, 9726/3, 9827/3, 9831/3, 9834/3, 9837/3

Code Grade=6 for the following histologies (Rule G6):

9591/3, 9596/3, 9597/3, 9670/3, 9671/3, 9673/3, 9678/3, 9679/3, 9680/3, 9684/3, 9687/3, 9688/3, 9689/3, 9690/3, 9691/3, 9695/3, 9698/3, 9699/3, 9712/3, 9728/3, 9731/3, 9732/3, 9734/3, 9737/3, 9738/3, 9762/3, 9811/3, 9812/3, 9813/3, 9814/3, 9815/3, 9816/3, 9817/3, 9818/3, 9823/3, 9833/3, 9836/3, 9940/3

Code Grade=8 for the following histologies (Rule G9):

9719/3, 9948/3

RMCDs Updates

If you have not converted to 2010 standards, version 12, please contact Debbi at 444-6786 or dlemons@mt.gov.

Larry Derrick (RMCDs Director and programmer) is retiring at the end of 2012. They are hiring a programmer soon so he or she is trained before Larry leaves.

Collaborative Stage Help: After an abstract is started and the primary site and histology are coded, click save, and all non-applicable (988) CS SSF codes will fill in.

To select collaborative stage codes, there are a few options:

1. You can click on Collaborative Stage / Help while in the abstract and select the table you are looking for.
2. You can also use the “?” lookup box to the left of each field to find your code. You can double-click on the code you want and it gets inserted into the field.
3. You can use the online collaborative stage tables at <http://web2.facs.org/cstage/schemalistabc.html> or
4. Download the hyperlinked tables.

Certificate of Excellence Recipients

The following facilities received a certificate for the 2011 Third Quarter, acknowledging their timeliness in reporting. Ninety percent of their cases were reported within 12 months.

<u>Facility</u>	<u>City</u>
-----------------	-------------

Physicians:

Tallman Dermatology
Advanced Dermatology of Butte
Dermatology Assoc of Great Falls
Associated Dermatology
Dermatology Associates
Dr. Mark Stewart Dermatology
Dr. Lance Hinthier Dermatology

Billings
Butte
Great Falls
Helena
Kalispell
Missoula
Missoula

Hospitals:

Billings Clinic
Bozeman Deaconess Hospital
Rosebud Health Care Center
VAMC Montana
Sletten Cancer Center
Kalispell Regional Medical Center
St. Patrick Hospital
Clark Fork Valley Hospital
Roundup Memorial Healthcare

Billings
Bozeman
Forsyth
Fort Harrison
Great Falls
Kalispell
Missoula
Plains
Roundup

Pathology:

Yellowstone Pathology Institute

Billings



Online Education and Training

Online Education and Training for Health Professionals Now Easily Accessible on Cancer.gov

NCI has organized its education and training materials for health professionals into one convenient location. The resources found on the [Education and Training for Health Professionals web page](#) are designed to help meet the cancer educational needs of health care providers, public health program planners, researchers, and cancer registrars. The trainings cover a range of critical cancer topics including clinical trials, patient care, evidence-based cancer control program planning, translational research, cancer registries, and their operation. Courses are available in a variety of formats, including online self study, CD/DVD, downloadable material, webinars, podcasts, and animated tutorials.

To view NCI's wide selection of cancer educational materials, visit www.cancer.gov/cancertopics/health-professional-training-tools.

A Case of Great Text

Primary Site Title: Rt breast beneath nipple area.

Histology Title: Invasive grade 2 ductal ca.

Pathology: 10/29/09 S09-3430 rt breast bx: infiltr duct cell ca; no spec type; nottingham 7/9 (gr 2); greatest extent of tumor in bx cores 1.7cm; 11/19/09 S09-2651 rt lumpectomy: inv ductal ca of breast; combined nottingham gr 2.

Staging: Ext into skin & involve of ulcer base on skin surface; focal perineural invasion present. Focal dcis present; <1% of neoplastic tumor necrosis focally present. Neoplasm 1.0cm from nearest margin; neoplasm located beneath nipple area; P4BN0(I-)MX. 2 ln's no signif change & no evid of mets ca by h&e & immunocytochemical stains.

Physical Exam: 10/7/09 Dr Miller: obvious nipple changes on rt; lesion measured at 5.0cm; subareolar & fixed to nipple skin; no axillary or supraclavicular adenop & no other breast mass.

X-ray/Scan: 10/9/09 Mamm at City Hosp: scattered fibrogland densities rt breast areolar to subareolar mass; US: uniformly echogenic layer of fibrogland tissue subareolar mass involve nipple c/w breast neopl. 11/2/09 bone scan: neg. 11/2/09 CT chest/abd: rt breast mass. no adenopathy above or below diaphragm. 11/4/09 MRI: 3.6cm rt breast retroareolar mass w/ likely involvement of nipple areolar complex.

Lab Tests: ER 92% pos; PR neg; HER-2/NEU 3+ pos.

Operative: 10/21/09 City Hosp: rt breast bxs.

Surgery: 11/19/09 City Hosp: rt lumpectomy & sln bx.

Radiation: 6/28/10–8/12/10 City Hosp: rt chest wall and ln's. 6mv/18mv 5040 cgy X 28 fractions. boost 6mv/128mv 1000 cgy X 5 fractions. total 6040 cgy X 33 fractions = 44 days.

Chemotherapy: 2/12/10 City Hosp: Taxotere, Carboplatin, Herceptin initiated.

Hormone: 2/2011 Femara started.

Remarks: 69 yowf, smoked 1 ppd X 20 yrs, quit in 1970.